

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90002 036 ***550.00

UUU86310

DO NOT WRITE IN THIS SPACE

DOCUMENT # **799000053997**
 1. Entity Name
Sunrise Medical Group, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
2780 Gateway Drive
 Suite, Apt. #, etc.

3. Mailing Address
2780 Gateway Drive
 Suite, Apt. #, etc.

City & State
Pompano Beach, FL
 Zip
33069
 Country
USA

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Pompano Beach, FL
 Zip
33069
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USA

4. FEI Number
65-0933417
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Roberto L. Palenzuela
 Street Address (P.O. Box Number is Not Acceptable)
2780 Gateway Drive
 City
Pompano Beach **FL** Zip Code
33069

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Roberto L. Palenzuela** **9/12/00**
 Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature removed when recertified)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
☐ Delete	PD Bruce Nager	2780 Gateway Drive	☐ Change ☐ Addition		
	Pompano Beach, FL 33069				
☐ Delete	VD Jacob Strikowski	2780 Gateway Drive	☐ Change ☐ Addition		
	Pompano Beach, FL 33069				
☐ Delete	3D Roberto L. Palenzuela	2780 Gateway Drive	☐ Change ☐ Addition		
	Pompano Beach, FL 33069				
☐ Delete	TD Christopher T. Harkins	2780 Gateway Drive	☐ Change ☐ Addition		
	Pompano Beach, FL 33069				
☐ Delete			☐ Change ☐ Addition		
☐ Delete			☐ Change ☐ Addition		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Roberto L. Palenzuela** **9/12/00** **954-956-9700**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/99)